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3	UNITED STATES BANKRUPTCY COURT		
4	FOR THE CENTRAL DISTRICT OF CALIFORNIA		
5			
6	In re) Bk. No.		
7)) [Chapter]		
8	Debtor(s).)		
9)) Adv. No.		
10) Plaintiff(s)/) MEDIATOR'S CONFIDENTIAL		
11	Movant(s),) REPORT OF MEDIATION) CONFERENCE		
12	V.) CONFIDENTIAL NOT		
13	TO BE FILED WITH THE COURT		
14	Defendant(s)/) Respondent(s).)		
15)		
16	I hereby certify that the following information is true and		
17	correct to the best of my information and belief:		
18	1. How did you learn of your mediation assignment? (PLEASE		
19	CHECK ALL THAT APPLY)		
20	(a) Received Court order; (b) Phone call;		
21	(c) Fax from Mediation Program staff;		
22	(d) Other		
23	2. In what capacity did you serve?		
24	(a) Mediator; (b) Alternate Mediator;		
25	(c) Successor Mediator; (d) Successor Alternate		
26	Mediator		

1	3. How did the mediation assignment conclude?		
2	(a) Settled; (b) Did NOT settle		
3	4. How many hours did you spend scheduling and preparing for		
4	the mediation conference?		
5	5. How many hours did you spend attending the conference?		
6	6. Which dispute resolution procedure(s) did you use?		
7	(a) Early neutral evaluation:		
8	(b) Settlement negotiation:		
9	(c) Mediation:		
10	(d) Other (describe):		
11	(IF MORE THAN ONE METHOD USED, PLEASE ESTIMATE PERCENTAGE		
12	OF TIME SPENT ON EACH)		
13	7. Were you compensated for your mediation services?		
14	8. Have you filed Form 706 (Mediator's Certificate Regarding		
15	Completion of Mediation Conference) with the Court, and mailed		
16	courtesy copies to the judge assigned to the matter and to Judge		
17	Russell (the Mediation Program Administrator)?		
18	9. Comments/suggestions:		
19			
20			
21			
22			
23	DATED: (Name of Mediator)		
24	(name of house)		
25	(Signature of Mediator)		
26			

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1	MEDIATION CONFERENCE ATTENDANCE FORM			
2	Case Name:			
3	Case No.:			
4	Adversary Proceeding Name: _			
5	Adversary Proceeding No.:			
6	Date(s) of Conference(s):			
7	Mediator:			
8		and client representatives who		
9	attend the conference shall provide the following information to the Mediator. PLEASE WRITE OR PRINT CLEARLY .			
10	ATTORNEYS			
11	Name:	Name:		
12	Firm:	Firm:		
13	Address:	Address:		
14				
15	Phone:	Phone:		
16	Attorney for:	Attorney for:		
17				
18	Name:	Name:		
19	Firm:	Firm:		
20	Address:	Address:		
21				
22				
23	Phone:	Phone:		
24	Attorney for:	Attorney for:		
25				
26	[Attach additional page(s) if	f necessary.]		

CLIENT AND/OR CLIENT REPRESENTATIVES

2	Name:	Name:	
3	Title:	Title:	
4	Organization:	Organization:	
5			
6	Address:	Address:	
7			
8			
9	Phone:	Phone:	
10	Party Representing:	Party Representing:	
11			
12			
13	Name:	Name:	
14	Title:	Title:	
15	Organization:	Organization:	
16	Address:	Address:	
17			
18			
19	Phone:		
20			
21	Party Representing:	Party Representing:	
22			
23	[Attach additional page(s) if necessary.]		
24	Mediation Program Administrator United States Bankruptcy Court		
25			
26	255 East Temple Street Los Angeles, Californ		